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FROM Eugene C. Rzucidlo
File Number 44342.011800
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27
Date December 27, 2004

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PTO/SB/07 (09-04)

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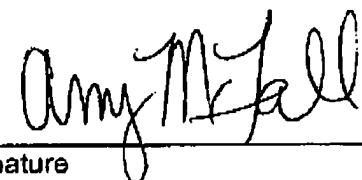
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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	09/646,135
Filing Date	September 8, 2000
First Named Inventor	HIRABAYASHI, K. et al.
Art Unit	1636
Examiner Name	Whiteman, B.
Attorney Docket Number	44342.011800

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Greenberg Traurig LLP		
Signature			
Printed name	Eugene C. Rzucidlo		
Date	December 17, 2004	Reg. No.	31,900

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)																		
FY 2005 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		44342.011800																		
Application Number 09/646,135		Filed 09/08/2000																		
For REMEDIES FOR HEPATITIS																				
Art Unit 1635	Examiner	WHITEMAN, B.																		
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table> <thead> <tr> <th></th> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$120</td> <td>\$60</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$450</td> <td>\$225</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$1020</td> <td>\$510</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$1590</td> <td>\$795</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$2160</td> <td>\$1080</td> </tr> </tbody> </table> <p> <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1561. I have enclosed a duplicate copy of this sheet. </p>				Fee	Small Entity Fee	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080
	Fee	Small Entity Fee																		
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60																		
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<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510																		
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795																		
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080																		

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I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).
 attorney or agent of record. Registration Number 31,900
 attorney or agent under 37 CFR 1.34.
 Registration number if acting under 37 CFR 1.34 _____

December 17, 2004

Date

Eugene C. Rauzidlo

212-801-2146

Typed or printed name

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

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